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## UTILITY

Attorney Docket No.

END-838

PATENT APPLICATION  
TRANSMITTAL

First Inventor: Gary L. Long

Title: METHOD FOR CONTROLLING POSITION OF MEDICAL INSTRUMENTS

I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Name:

Patricia A. Jara

Date:

March 15, 2002

Express Mail Label No.

ET068646565

(only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)

(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.3. ☒ Specification Total Pages: 28

(Preferred arrangement set forth below)

☒ Descriptive Title of the Invention☒ Cross Reference to Related Applications☒ Statement Regarding Fed sponsored R&D  
- Reference to sequence listing, a table, or a  
computer program listing appendix☒ Background of the Invention☒ Brief Summary of the Invention☒ Brief Description of the Drawings (if filed)☒ Detailed Description☒ Claim(s)☒ Abstract of the Disclosure4. ☒ Drawing(s) (35 USC 113) Total Sheets 13

5. Oath or Declaration [Total Pages 3]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b).7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies  
ACCOMPANYING APPLICATION PAPERS9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement of ☐ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent.17. ☒ Other: Application Cover Sheet  
w/Express Mail Certification6. ☐ Application Data Sheet. See 37 CFR 1.7618. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a  
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.:

Prior application information: Examiner

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an  
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying  
continuation or divisional application and is hereby incorporated by reference. The incorporation can only be  
relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Gerry S. Gressel

Reg. No. 34,342

SIGNATURE

DATE

March 15, 2002

03/15/02

J160 U.S. PTO

PTO  
U.S.  
10/099774  
03/15/02

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	March 15, 2002
	First Named Inventor	Gary L. Long
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	END-838

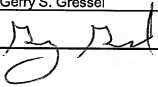
### FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	30 - 20 =	10	x \$18.00	\$ 180.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1004.00

### METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-838/GSG in the amount of \$1,004.00.  
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<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Date: 03/15/02
		<b>Deposit Account No. 10-0750</b>